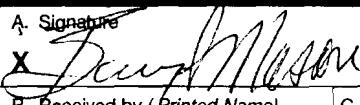
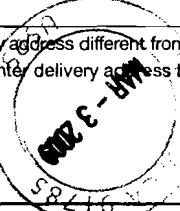
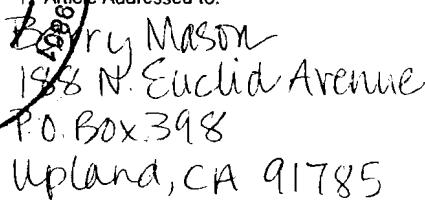


**TAB 1**

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent      <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </p> <p>58-16</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Registered      <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>1. Article Addressed to:   </p>		<p>RE 338 480 208 US</p>	
2. Article Number (Transfer from service label)		Domestic Return Receipt	
PS Form 3811, February 2004		102595-02-M-1540	

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Bouchard Narragansett Friedlander, PA  
222 Delaware Avenue, Suite 1400  
Wilmington, DE 19801

Attn: James Merkins, Jr.

**TAB 2**

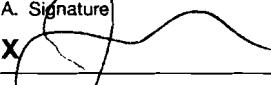
**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

VistaQuest Corporation  
16303 Owensmouth Avenue  
10th Floor  
Woodland Hills, CA 91367

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature	<input checked="" type="checkbox"/> Agent 
B. Received by (Printed Name)	C. Date of Delivery 3/2/09

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type	
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input checked="" type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

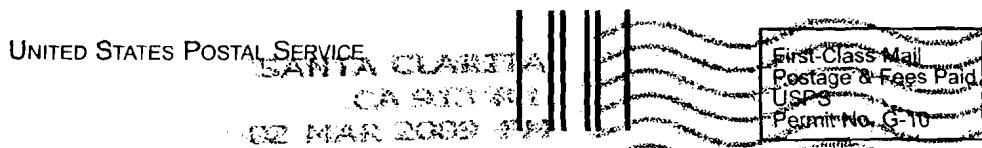
2. Article Number  
(Transfer from service label)

RE 338 480 199 US

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



- Sender: Please print your name, address, and ZIP+4 in this box •

Bouchard Margulies & Friedlander, PA  
222 Delaware Avenue, Suite 1400  
Wilmington, DE 19801

Attn: James Merklns, Jr.

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